

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030519

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District

1003

Registrar's No.

7209

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

5726 Greer

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Lattimore

Middle

Last Slay

4. DATE

OF
DEATH

Month

Day

Year

7

8

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec 24, 1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Miss.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Efum Slay

13b. MOTHER'S MAIDEN NAME

Prisella

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Minnie Dillingham 5726 Greer

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Renal Failure

INTERVAL BETWEEN

ONSET AND DEATH

Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Chronic Pyelonephritis

DUE TO (c)

600.0A

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriolar Nephrosclerosis; Pulmonary TBC; Renal TBC

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-6-63

to 7-8-63

and last saw him alive on 7-8-63

Death occurred at

11:50 A.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Merle B. Henneford M.D.

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

7-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Shipped

23b. DATE

7/11/63

23c. NAME OF CEMETERY OR CREMATORY

Greenviewille Miss.

23d. LOCATION (City, town, or county)

Greenville

Miss.

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 11 1963

26. REGISTRAR'S SIGNATURE

Robert Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gerence Proems

Licensed Embalmer No. 4755

P. O. Address 1231 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.